



Operational Status Report

Kentucky MMIS Project

*Cabinet for Health and Family Services
Department for Medicaid Services*

Status Month End September 2014

Cabinet for Health and Family Services Department for Medicaid Services

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1 Executive Summary

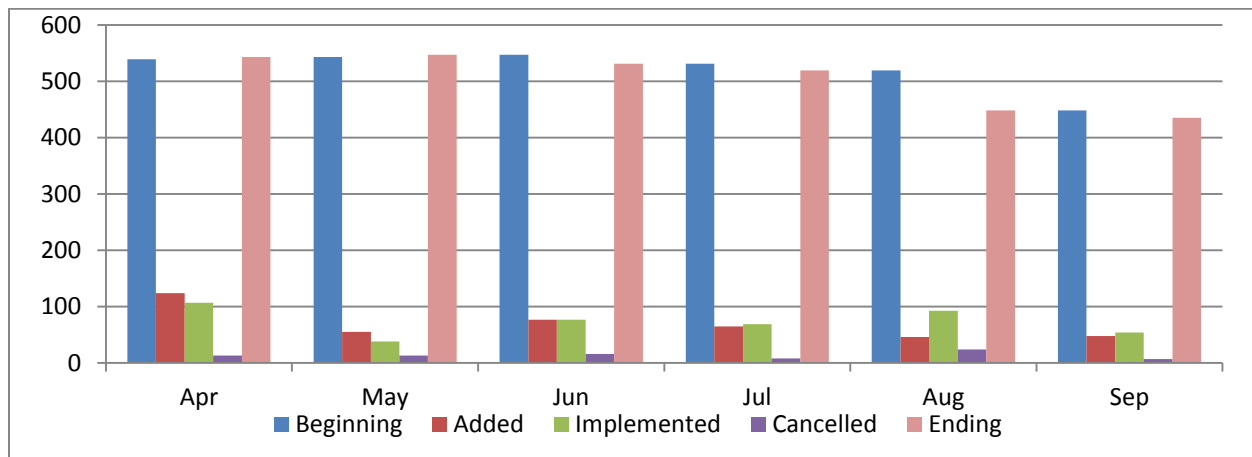
	September 2014	Page Number
Claims Processed	774,174	Page 18
Total Dollars Paid	\$194,735,154.30	Page 18
Claims Paid	534,710	Page 18
Claims Denied	239,464	Page 18
% Denied Claims	30.9%	Page 18
Average Claims Held in Cash Management	266,578	N/A
Average Dollars Held in Cash Management	\$45,684,380.12	N/A
Capitation Financial Transactions	2,398,943	N/A
Capitation Financial Payments	\$548,904,752.11	Page 19
Suspended Claims	5,065	Page 18
Total Suspended Claims > 90 Days	362	Page 25
Provider Services Calls Received	10,239	Page 31
Provider Services Current Service Level %	94%	Page 31

1.1 Encounter Load Statistics

Managed Care Organizations (MCOs)						
	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Coventry	969,490	1,123,433	866,971	867,227	1,099,922	1,033,568
Humana	151,761	261,745	187,024	223,588	348,051	263,156
Kentucky Spirit	36,985	3,427	2,393	989	5,626	3,502
Passport (R03)	773	961	824	1,254	1,656	1,841
Passport R31	671,585	914,822	653,151	680,635	990,960	1,072,201
WellCare	1,143,518	1,721,505	1,410,418	1,246,391	2,134,101	1,860,303
Anthem	0	0	69,320	102,637	214,784	114,664
Other						
Transportation Encounters	0	0	435,896	621,689	0	213,487
Magellan Pharmacy Claims	423,934	266,335	266,271	269,045	276,667	217,315
Totals	3,398,046	4,292,228	3,892,268	4,013,455	5,071,767	4,780,037

1.2 Change Order and Defect Statistics

Change Orders / Defects Inventory	Apr	May	June	July	Aug	Sept
Beginning	539	543	547	531	519	448
Added	124	55	77	65	46	48
Implemented	107	38	77	69	93	54
Cancelled	13	13	16	8	24	7
Ending	543	547	531	519	448	435



1.1 Change Order and Defect Statistics (continued)

September 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	49	59	4	1	113	
Federally Mandated	33	1	1	0	35	4 open and 1 on hold are included in the Priority list.
Non-Priority	162	8	117	0	287	
Totals	244	68	122	1	435	Total includes 30 ICD-10 and T-MSIS CO's.

*The priority list consists of 118 Change Orders & Defects.

	Change Orders			Defects		
September 2014	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	15	23	1	7	2	1
Federally Mandated	3	19	4	1	0	0
Non-Priority	6	5	1	16	5	0
Totals	24	47	6	24	7	1

2 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Time	Reason For Downtime
		There were no unplanned system outages in September 2014.

Billable Hours

2.1 Billable Hours Usage Summary (Contract Year 2014)

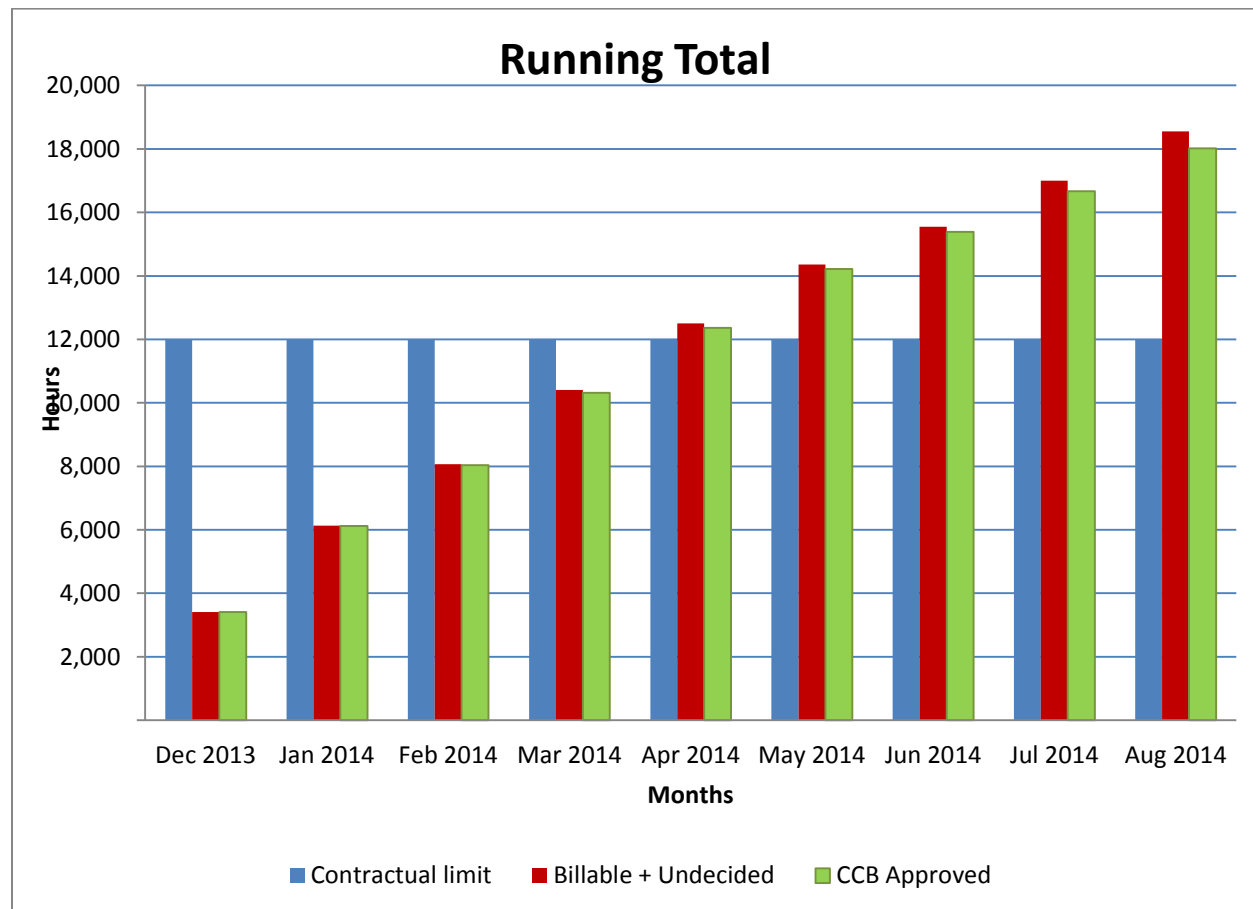
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,406.25	1.50	3,406.25	1.50
Jan 2014	2,714.75	10.50	2,713.50	11.75
Feb 2014	1,921.50	17.25	1,919.25	19.50
Mar 2014	2,323.50	14.50	2,275.25	62.75
Apr 2014	2,079.25	10.25	2,052.50	37.00
May 2014	1,848.50	14.50	1,848.50	14.50
Jun 2014	1,177.00	3.50	1,174.00	6.50
Jul 2014	1,296.25	162.25	1,273.75	184.75
Aug 2014	1,352.75	199.50	1,352.75	199.50
Sep 2014				
Oct 2014				
Nov 2014				

* Each month's time entry is finalized on the 22nd day of the following month.

2.2 Running Total (Contract Year 2014)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2013	12,000.00	3,407.75	3,406.25	3,406.25	1.50	1.50
Jan 2014	12,000.00	6,133.00	6,119.75	6,121.00	12.00	13.25
Feb 2014	12,000.00	8,071.75	8,039.00	8,042.50	29.25	32.75
Mar 2014	12,000.00	10,409.75	10,314.25	10,366.00	43.75	95.50
Apr 2014	12,000.00	12,499.25	12,366.75	12,445.25	54.00	132.50
May 2014	12,000.00	14,362.25	14,215.25	14,293.75	68.50	147.00
Jun 2014	12,000.00	15,542.75	15,389.25	15,470.75	72.00	153.50
Jul 2014	12,000.00	17,001.25	16,663.00	16,767.00	234.25	338.25
Aug 2014	12,000.00	18,553.50	18,015.75	18,119.75	433.75	537.75
Sep 2014						
Oct 2014						
Nov 2014						

* Each month's time entry is finalized on the 22nd day of the following month.



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	0	0	0	0
Type C	0	0	0	0	0
Type D	2	0	2	0	0
Type E	0	0	0	0	0
Unspecified	3	30	32	1	1
Total	5	30	34	1	1

Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

Type C – completed correctly and delivered within seven (7) business days of request

Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

Type E – Emergency reports completed correctly within two (2) hours of submitted request.

3.2 Inventory Detail

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22698		Minedi, Laxmi	DMS Hold	20140801		IDD, Autism & Mental Health Providers data
22840		Hoffmann, John	Completed	20140828	20140903	Age Breakdown of Membership Report
22841	D	Leliaert, Teresa	Completed	20140829	20140903	MFP Template
22842		Moccia, Don	Completed	20140829	20140911	MCO Data Book - Rates Effective July 1, 2015

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22845		Jenkins, Ericka	Completed	20140829	20140909	SCL Expenditure
22846	D	Leliaert, Teresa	Completed	20140829	20140903	MFP Template
22848		Godshall, Kurt	Completed	20140902	20140904	Foundation for a Health Kentucky research project
22867		Minedi, Laxmi	Completed	20140904	20140905	DSS Waiver Information - addendum to 22524
22870		Shields, Teresa	Completed	20140908	20140911	ORR
22876		Godshall, Kurt	Completed	20140908	20140909	ORR 14-336
22878		Minedi, Laxmi	Completed	20140908	20140912	PA data for Waiver Members
22882		Godshall, Kurt	Completed	20140908	20140908	ORR 14-320
22883		Godshall, Kurt	Completed	20140908	20140908	Medically Fragile Children
22884		Godshall, Kurt	Completed	20140908	20140908	Public Health Match
22887		Godshall, Kurt	Completed	20140909	20140910	Waiver members pharmacy
22895		Patel, Siddharth	Completed	20140910	20140916	All Claims that hit threshold edit
22903		Dennis, David	Completed	20140910	20140912	PRTF UPL
22900		Dennis, David	Completed	20140911	20140911	Crossover claims Open Records

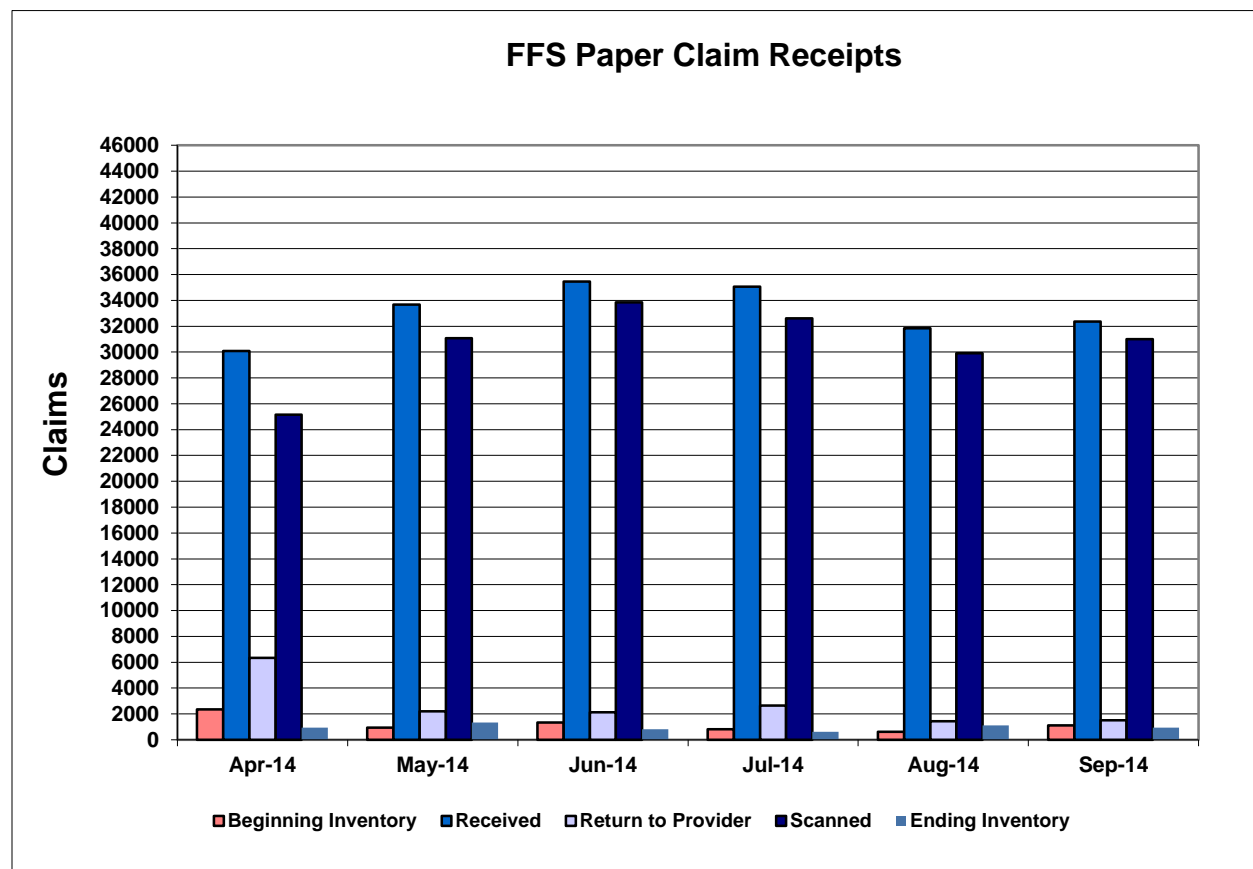
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22917		Minedi, Laxmi	Completed	20140912	20140912	Breast and Cervical Cancer Treatment-FY 2014
22929		Bentley, Tracy	Completed	20140915	20140916	Access
22931		Maciag, Karen	Completed	20140916	20140917	Cumberland River Homes annual billing
22932		Maciag, Karen	Completed	20140916	20140917	Newcare #7100030440 08/01/2013-07/31/2014
22940		Bentley, Tracy	Completed	20140917	20140918	Blessed Assurance Annual Review
22941		Bentley, Tracy	Completed	20140917	20140918	NR Paducah 7100071850 02/01/2014 - 07/31/2014
22948		Wells, Phyllis	Completed	20140919	20140919	Patterson
22953		Wang, Julia	Completed	20140919	20140922	Procedure code 97533
22954		Wang, Julia	Completed	20140919	20140924	Procedure 97533 with V299.0- 299.91
22973		Leliaert, Teresa	Completed	20140922	20140922	MFP Template
22974		Leliaert, Teresa	Completed	20140922	20140923	MFP Template
22991		Wells, Phyllis	Completed	20140924	20140925	Patterson
22997		Keeling, Michelle	Completed	20140924	20140925	97110units
23001		Bentley, Tracy	Completed	20140925	20140925	Access 17000894 080113- 073114

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23005		Bradshaw, Nicole	Completed	20140925	20140926	Maxey
23020		Wilson, Jacob	Completed	20140929	20140930	Jackie Maxey
23022		Godshall, Kurt	In Progress	20140930	20141001	ORR 14-365 CCSM Cost Report SFY2014
22871		Godshall, Kurt	Completed	40281816	20140908	Nursing Facility Card Services

4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
April 2014	2,337	30,083	6,333	25,152	935	0 days
May 2014	935	33,686	2,202	31,078	1,341	0 days
June 2014	1,341	35,457	2,133	33,860	805	0 days
July 2014	805	35,063	2,640	32,609	619	0 days
August 2014	619	31,849	1,438	29,923	1,107	0 days
September 2014	1,107	32,353	1,507	31,010	943	0 days

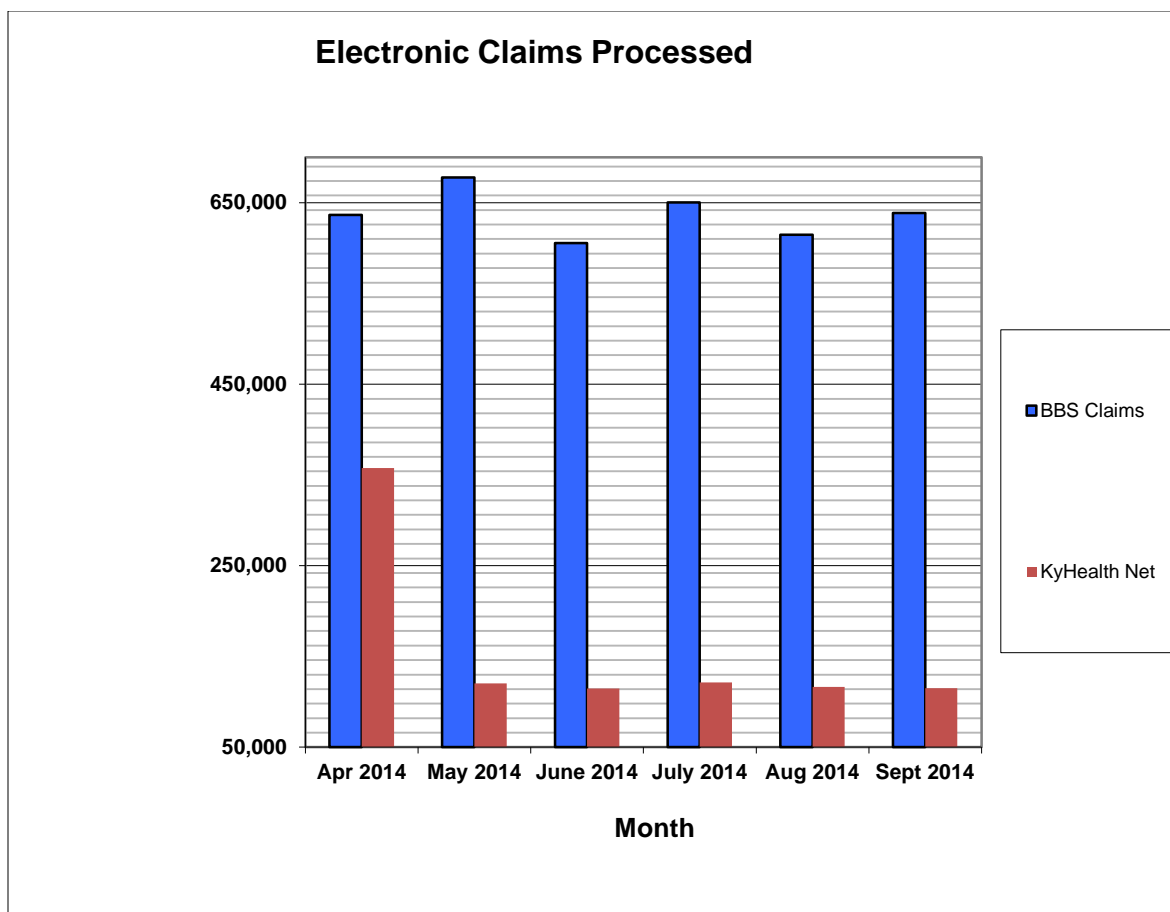
Note: The increase in RTPs for the month of April is due to the implementation of the revised CMS 1500 claim form. Claims billed on the old forms were returned to providers beginning on 4/1.



5 Electronic Claims Processed

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sept 2014
Bulletin Board System Claims Processed	636,501	686,033	605,684	650,446	614,672	638,809
Kentucky HealthNet Claims Processed	357,700	120,232	114,564	121,359	116,312	115,038

***Note – Numbers reported for May forward will be for claims processed – not claims submitted. Prior to May, totals were based upon BBS claims submitted and KYHealth Net “hit” totals.**



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
9/1/2014	9/30/2014

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$260,824,021.74	\$515,726,795.20	\$171,452,402.70	\$854,623.20
Paper	\$38,444,705.83	\$31,778,460.99	\$18,935,087.59	\$2,497,361.17
TOTAL:	\$299,268,727.57	\$547,505,256.19	\$190,387,490.29	\$3,351,984.37

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Paid Claims	478,263	613,804	473,159	497,422	618,993	534,710
Denied Claims	239,368	299,193	248,363	239,315	294,271	239,464
Total Adjudicated Claims	717,631	912,997	721,522	736,737	913,264	774,174
Adjustments	12,154	13,953	10,092	16,223	14,636	14,099
Total Claims	729,785	926,950	731,614	752,960	927,900	788,273
Suspended/Re-suspended Claims	12,268	13,623	12,376	8,717	3,197	5,065
% of Denied Claims	33.4%	32.8%	34.4%	32.48%	32.2%	30.9%
Avg \$ per Claim	\$378.95	\$350.61	\$220.46	\$512.68	\$364.97	\$364.19
Claim Payment Amount	\$181,239,101.09	\$215,204,430.82	\$104,313,568.58	\$255,016,091.78	\$225,913,034.94	\$194,735,154.30
(+) Payouts	\$704,261.22	\$48,578,167.25	\$351,861.31	\$5,968,536.67	\$3,486,034.64	\$895,918.39
(-) Recoupments	-\$3,142,111.84	-\$3,117,382.62	-\$2,142,915.44	-\$3,254,747.61	-\$6,269,978.20	-\$5,243,582.40
Check Issue	\$178,801,250.47	\$260,665,215.45	\$102,522,514.45	\$257,729,880.84	\$223,129,091.38	\$190,387,490.29
Capitation Payment	\$992,193,826.21	\$505,391,986.27	\$15,458,556.48	\$1,019,260,670.96	\$574,469,238.10	\$548,904,752.11
Total Paid	\$1,170,995,076.68	\$766,057,201.72	\$117,981,070.93	\$1,276,990,551.80	\$797,598,329.48	\$739,292,242.40

Note: Claim Payment Amount divided by Paid Claims = Avg \$ per Claim

Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims

Category	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013
Paid Claims	394,165	588,790	470,818	411,145	548,289	446,264
Denied Claims	228,983	296,966	236,091	222,098	292,464	235,852
Total Adjudicated Claims	623,148	885,756	706,909	633,243	840,753	682,116
Adjustments/Claim Credits	10,610	14,402	11,932	8,948	13,959	12,363
Total Claims	633,758	900,158	718,841	642,191	854,712	694,479
Suspended/Resuspended Claims	9,807	13,813	11,378	9,246	12,939	11,788
% of Denied Claims	36.7%	33.5%	33.4%	35.1%	34.8%	34.6%
Avg \$ per Claim	\$428.76	\$214.60	\$351.44	\$447.39	\$381.59	\$405.57
Claim Payment Amount	\$169,000,500.02	\$190,083,120.73	\$165,463,145.62	\$183,942,129.35	\$209,224,330.84	180,991,079.99
(+) Payouts	\$15,646,058.03	\$1,311,556.73	\$4,398,666.91	\$5,356,806.56	\$496,177.51	7360754.51
(-) Recoupments	-\$2,048,614.56	-\$3,243,554.41	-\$3,013,722.72	-\$2,818,257.18	-\$3,383,079.30	-3,956,438.25
Check Issue	\$182,597,943.49	\$188,151,123.05	\$166,848,089.81	\$186,480,678.73	\$206,337,429.05	184,395,396.25
Capitation Payment	\$292,106,189.61	\$285,317,333.01	\$285,271,035.14	\$291,922,348.91	\$319,444,967.06	296,300,082.33
Total Paid	\$474,704,133.10	\$473,468,456.06	\$452,119,124.95	\$478,403,027.64	\$525,782,396.11	480,695,478.58

Note: Claim Payment Amount divided by Paid Claims = Avg \$ per Claim

Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims

7.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
9/1/2014	9/30/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	47,453	\$27,429,431.19	8,826	\$3,474,108.64	56,279	\$30,903,539.83
COVENTRY	298,100	\$127,495,272.79	39,802	\$10,128,925.43	337,902	\$137,624,198.22
HUMANA	83,770	\$45,558,008.65	14,650	\$5,647,275.44	98,420	\$51,205,284.09
NEMT	1,067,731	\$7,860,548.53	164,670	\$994,927.96	1,232,401	\$8,855,476.49
PASSPORT HEALTH	204,815	\$108,287,529.75	27,583	\$9,335,640.92	232,398	\$117,623,170.67
WELLCARE	391,891	\$188,095,881.50	48,196	\$14,597,201.31	440,087	\$202,693,082.81
Sum:	2,093,760	\$504,726,672.41	305,183	\$44,178,079.70	2,398,943	\$548,904,752.11

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
L.K.L.P. C.A.C., INC REGION 1	42,541	\$300,206.27
PENNYRILE ALLIED COMSERVICES, INC	47,982	\$301,818.30
AUDUBON AREA COMM SRVC	47,973	\$352,541.10
L.K.L.P. C.A.C., INC REGION 4	56,270	\$419,256.00
LKLP CAC INC REGION 5	83,374	\$884,285.50
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	201,108	\$1,802,703.25
BLUE GRASS COMMUNITY ACTION AGENCY INC	67,967	\$472,992.30
LKLP CAC INC REGION 9	77,619	\$568,988.00
FEDERATED TRANSPORTATION SVS OF THE BLUE	53,354	\$399,859.20
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	57,912	\$1,103,353.60
RURAL TRANSIT ENTERPRISES	119,359	\$927,102.25
LKLP COMMUNITY ACTION	81,254	\$538,689.96
SANDY VALLEY TRANSPORTATION	56,981	\$393,598.20
LKLP CAC INC REGION 15	56,422	\$297,656.32
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	17,615	\$92,426.24
TOTAL	1,067,731	\$8,855,476.49

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
9/1/2014	9/30/2014

Paper Claims	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Paid	9,434	10,326	9,798	8,471	11,729	8,251
Denied	12,310	13,530	14,917	10,648	15,930	11,654
Total	21,744	23,856	24,715	19,119	27,659	19,905
% of Total Adjudicated Claims	3.01%	2.61%	3.42%	2.60%	3.02%	2.57%
% of Paper Denied Claims	55.28%	56.72%	60.36%	55.69%	57.59%	58.55%

Note: Total Adjudicated Paper Claims divided by Total Adjudicated Claims = % of Total Adjudicated Claims. Total Denied Paper Claims divided by Total Adjudicated Claims = % of Denied Claims.

Electronic Claims	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Paid	468,829	603,478	463,361	488,951	607,264	526,459
Denied	227,058	285,663	233,446	228,667	278,341	227,810
Total	695,887	889,141	696,807	717,618	885,605	754,269
% of Total Adjudicated Claims	96.99%	97.39%	96.57%	97.40%	96.97%	97.43%
% of Electronic Denied Claims	32.70%	32.13%	33.50%	31.86%	31.43%	30.20%

Note: Total Adjudicated Electronic Claims divided by Total Adjudicated Claims = % of Total Adjudicated Claims. Total Denied electronic Claims divided by Total Adjudicated Claims = % of Denied Claims.

7.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
9/1/2014	9/30/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HOMECARE TRAIN PT 15 MIN	8,885	42,976	\$16,986,976.75
T2016	HABIL RES WAIVER PER DIEM	3,023	23,520	\$14,161,697.08
99199	SPECIAL SERVICE/PROC/REPORT	4,473	5,102	\$7,424,950.31
T1015	CLINIC SERVICE	46,450	66,290	\$4,980,478.98
T2021	DAY HABIL WAIVER PER 15 MIN	4,512	28,882	\$4,898,730.40
T2022	CASE MANAGEMENT, PER MONTH	13,461	16,583	\$4,472,982.94
S5100	ADULT DAYCARE SERVICES 15MIN	2,831	23,373	\$2,955,222.45
H0004	ALCOHOL AND/OR DRUG SERVICES	3,043	8,466	\$2,908,386.52
97535	SELF CARE MNGMENT TRAINING	1,908	6,807	\$2,139,240.70
T2023	TARGETED CASE MGMT PER MONTH	4,501	5,024	\$1,469,725.80

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,161	30,319	\$13,105,406.77
3180	MOD INTELLECT DISABILITY	3,016	21,175	\$7,932,877.20
3128	OTHER CONDUCT DISTURBANCE	4,038	4,260	\$7,303,681.60
3182	PROFND INTELLCT DISABLTY	569	2,058	\$6,952,591.97
3310	ALZHEIMER'S DISEASE	1,567	2,605	\$5,780,418.54
3181	SEV INTELLECT DISABILITY	832	4,574	\$5,184,559.72
29900	AUTISTIC DISORD-CURRENT	2,280	14,412	\$4,319,973.34
318	OTHER MENTAL RETARDATION	2,158	10,389	\$4,084,372.49
496	CHR AIRWAY OBSTRUCT NEC	5,365	10,090	\$3,988,353.27
4019	HYPERTENSION NOS	4,658	8,521	\$3,742,430.33

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
9/1/2014	9/30/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
T2022	CASE MANAGEMENT, PER MONTH	10,826	35,511	\$12,237,969.23
99213	OFFICE/OUTPATIENT VISIT EST	185,374	265,500	\$10,592,732.92
99284	EMERGENCY DEPT VISIT	45,489	57,130	\$8,297,121.93
90837	PSYTX PT&FAMILY 60 MINUTES	21,038	61,880	\$7,093,813.14
99283	EMERGENCY DEPT VISIT	61,562	79,252	\$7,064,864.40
T2048	BH LTC RES R&B, PER DIEM	299	943	\$5,791,163.05
99214	OFFICE/OUTPATIENT VISIT EST	71,221	92,853	\$5,575,028.84
99285	EMERGENCY DEPT VISIT	22,706	28,084	\$5,091,182.90
90847	FAMILY PSYTX W/PATIENT	9,356	27,989	\$3,487,340.74
90887	CONSULTATION WITH FAMILY	9,693	27,158	\$2,383,286.57

Note: Data taken from encounters received from the Managed Care Organizations

7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
29690	EPISODIC MOOD DISORD NOS	7,059	36,680	\$9,273,147.55
31401	ATTN DEFICIT W HYPERACT	15,372	69,299	\$8,733,092.96
78650	CHEST PAIN NOS	14,797	23,190	\$3,906,839.25
V202	ROUTIN CHILD HEALTH EXAM	38,463	41,806	\$3,637,566.05
311	DEPRESSIVE DISORDER NEC	8,180	24,127	\$3,560,992.23
V5811	ANTINEOPLASTIC CHEMO ENC	661	1,365	\$3,431,259.05
0389	SEPTICEMIA NOS	546	952	\$3,352,896.85
3129	CONDUCT DISTURBANCE NOS	3,468	19,724	\$3,334,350.30
31381	OPPOSITION DEFIANT DISOR	3,247	15,810	\$3,147,218.01
V3000	SINGLE LB IN-HOSP W/O CS	2,448	3,446	\$3,116,591.89

Note: Data taken from encounters received from the Managed Care Organizations

7.8 Monthly FFS Top Ten Denial Reasons (By Detail Line)

Error	Description	Number of Denials	% of Top Ten
1010	Rendering Provider Not A Mem Of Billing Grp	21,301	18.6%
2017	Services Covered Under Member's MCO Plan	18,744	16.4%
4021	No Coverage for Billed Procedure	18,492	16.2%
5001	Exact Duplicate	10,520	9.2%
1955	Cannot Determine Medicaid Nbr Billing Prov	9,540	8.3%
4804	No Contract for Billed Rev Code	8,819	7.7%
3317	This Service Was Not Approved by Medicare	7,233	6.3%
1032	Billing Provider Not Eligible to Bill this Clm Type	7,045	6.2%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,811	6.0%
1908	NPI Only Submitted on Claim – Not on File	5,951	5.2%
Totals		114,456	60.9%

Total Denied Details – 187,843

Note: Total # of top ten denials (114,456) divided by total denied details (187,843) = % of top ten denials (60.9%).

7.9 Monthly FFS Top Ten Suspense Reasons (By Detail Line)

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	2,287	31.4%
2001	Member ID Number not on File Recycle	1,684	23.1%
3305	Member Requires Valid PT Liability for DOS	1,265	17.3%
5001	Exact Duplicate	373	5.1%
2505	Member Covered by Private Insurance	358	4.9%
1046	Facility Provider is not Eligible	314	4.3%
3001	PA Not Found on Database	314	4.3%
4014	No Pricing Segment on File	308	4.2%
1047	Billing Provider is Not Eligible	261	3.6%
2079	Invalid Benefit Plan on Mass Adjustment	131	1.8%
Totals		7,295	81.9%

Total Suspended Details – 8,908

Note: Total # of top ten failures (7,295) divided by total suspended details (8,908) = % of top ten suspense (81.9%).

7.10 FFS Suspended Original Claims by Age (By Claim)

Category	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	9,261	93.93	11,533	94.01	12,834	94.21	6,142	70.46	2,762	86.39	4,621	91.23
31-60 days	52	.53	228	1.86	179	1.31	1,747	20.04	46	1.44	44	.87
61-90 days	46	.47	22	.18	147	1.08	525	6.02	40	1.25	38	.75
91+ days	500	5.07	482	3.95	463	3.40	303	3.48	349	10.92	362	7.15
Total	9,859		12,268		13,623		8,717		3,197		5,065	

7.11 FFS Claims Suspense Over 30 Days by Responsible Unit (By Claim)

Category	April 2014	May 2014	June 2014	July 2014	August 2014	Sept 2014	Oldest Julian Date
Resolutions	67	70	119	1,636	87	107	14-078
Med.Review	0	0	0	0	5	0	0
TPL	0	0	66	1	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	1	0	0	0	0
DMS	668	719	806	938	348	343	12-128
Total	735	789	992	2,575	435	444	

8 Monthly Third-Party Liability

8.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,546	8,217	8,232	0	1,531	10 days
CS40-Child Support	0	757	757	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	432	1,800	1,824	0	408	7 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	4	231	231	0	4	0 days
TPL Checks	3	147	142	0	8	0 days
TPL Mail	1,209	4,311	4,261	0	1,259	10 days
KHIPP	0	349	349	0	0	0 days
Total	3,194	15,812	15,796	0	3,210	

9 Monthly Finance/Adjustments

9.1 Monthly FFS Financial – Accounts Receivable

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory	Age Oldest AR
Accounts Receivable Set-up	0	155	138	0	17	0	0	0 days
Payouts	0	66	66	0	0	0	0	0 days
Accounts Receivable Updates	0	113	113	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	0	334	317	0	17	0	0	

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	0	0	9	1 day
HP Financial	130	401	337	194	5 days
DMS Financial	40	101	90	51	4 days
Total	179	502	427	254	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	22	103	81	18	26	0 day
Institutional	9	105	54	5	55	3 days
Voids	86	295	278	40	63	3 days
Total	117	503	413	63	144	

9.4 Monthly FFS Financial - Mass Adjustments

Category	Beginning Inventory	Received (plus)	Released (minus)	Deleted (minus)	Zero Claims Pulled (minus)	Ending Inventory	On Hold	DMS Review
Mass Adjustment (region 52)	281	30	91	1	14		205	0
SE Processed Adjustment (region 58)	0	0	0	0	0		0	0
Total	281	30	91	1	14		205	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

September 10, 2014

Vicky Hicks, HP Provider Field Representative, conducted a virtual room provider visit with West KY Orthopedics and Sports Medicine, on September 10, 2014. The provider requested a virtual room visit to learn how to read a remittance statement. We also viewed denied claims, reason for denial and the Medicare crossover coding sheet. Those who attended the virtual room training were: Ashlee Steele

September 16, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Phoenix Way, LLC, on September 16, 2014. The provider requested a virtual room visit to learn how to download and read her remit from KYHealth Net. During the visit we went over each section of the remit and the information contained within each section. Those who attended the virtual room training were: Lisa Miller

September 22, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Plaza Drug, on September 22, 2014. The provider requested a virtual room visit to learn how to navigate KYHealth Net and read a remit. During the visit the following was covered: member eligibility, claims inquiry, claim submission, claim adjustment and void, prior authorization letters, RA viewer, and how to read each section of their remit. We also review the following websites: chfs.ky.gov/dms and kymmis.com. Those who attended the virtual room training were: Tara Stiles and Dylan Arthur

10.2 Conference Calls (Calls Greater Than 30 Minutes)

September 5, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Summers Optical on September 5, 2014. The provider requested a conference call to review and discuss claim denials. We were able to resolve the claim denial issue and she will resubmit claims. Those who attended the conference call were: Lana

10.3 Conference Calls (continued)

September 18 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Perry Co Health Center on September 18, 2014. The provider requested a conference call to learn how to adjust and void a claim on KYHealth Net. During the conference call she was shown how void and adjust a claim. I also navigated her on how to locate KYHealth Net user manual on kymmis.com for future reference. Those who attended the conference call were: Kiatonnia Fugate

September 18 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with London Tri-County Hospice on September 18, 2014. The provider requested a conference call to review issues with denied claims. The cause of denial is due to provider NPI does not match the assigned hospice waiver provider. The provider received new provider ID number and has been unable to get member files updated. Working with her and member services to get member files updated. Those who attended the conference call were: Angela Bowman

September 23, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with London Dialysis Clinic on September 23, 2014. The provider requested a conference call to review Kentucky Medicaid Billing Instructions. During the conference call we reviewed fields required when Medicare is primary, when TPL is primary and when member has both. Those who attended the conference call were: Jennifer Murray

10.4 Association Meetings

There were no Association meetings in September 2014.

10.5 Provider Contacts

Provider Calls	155
Provider E-mails	337
Total	492

Total number of calls and e-mails between Provider Field Representatives and Providers during the month.

10.6 Provider Workshops

September 12, 2014

Kelly Gregory, HP Provider Field Representatives, conducted a Hospital Presumptive Eligibility (PE) Webinar on September 12, 2014. There was 1 attendee logged into the virtual room and 3 called into the conference line. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screenings and confirmation process works, and demonstrated the on-line provider entry form. Also present was HP Provider Field Representative, Vicky Hicks.

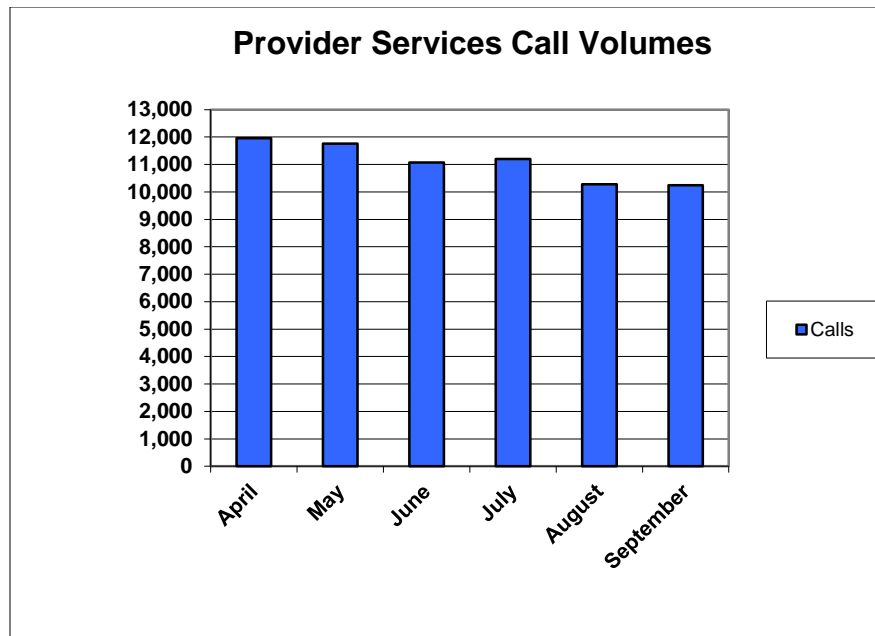
10.7 Provider Services

10.7.1 Provider Services

Category	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
% Service Level	97%	96%	95%	95%	95%	94%
Abandoned Calls	388	496	517	586	533	588
Avg Speed Ans	1:00	1:19	1:28	1:31	1:25	1:36
Incoming Calls	11,962	11,762	11,066	11,195	10,279	10,239
Paper Correspondence	713	545	476	411	433	422
E-Mail Correspondence	252	314	203	221	213	222
Fax	38	32	29	31	13	17
Total*	12,965	12,653	11,774	11,858	10,938	10,900
HP Callbacks	95	78	131	127	131	138

***Total of Calls, Paper Correspondence, E-Mail Correspondence, and Faxes**

Formula for % Service Level: Number of incoming calls minus abandoned calls divided by total number of incoming calls = % Service Level.



10.7.2 Top 5 Provider Calls

1. Claim Status
2. Member Services/Member Calls
3. Billing Help
4. Prior Authorizations
5. Check Amounts

10.7.3 Notable Topics

1. Reason for claim denial or suspended. How to get the MCO to void the claim in order for Medicaid to process the claim?
2. Which MCO the member has and MAP 552 questions? Also calls from members wanting to know if they are eligible for Medicaid, which MCO are they enrolled with and how to change the MCO.
3. Timely filing – CMS 1500 Crossover EOMB Form (is this form completed if Medicare pays or if Medicare denies).
4. What is the PA number and how do I correct the overlapping dates?
5. Questions about the Attestation or enhanced checks and questions about payouts.

Commonwealth Training

10.7.4 Current Activities

The following instructor-led training classes were offered by HP in September 2014:

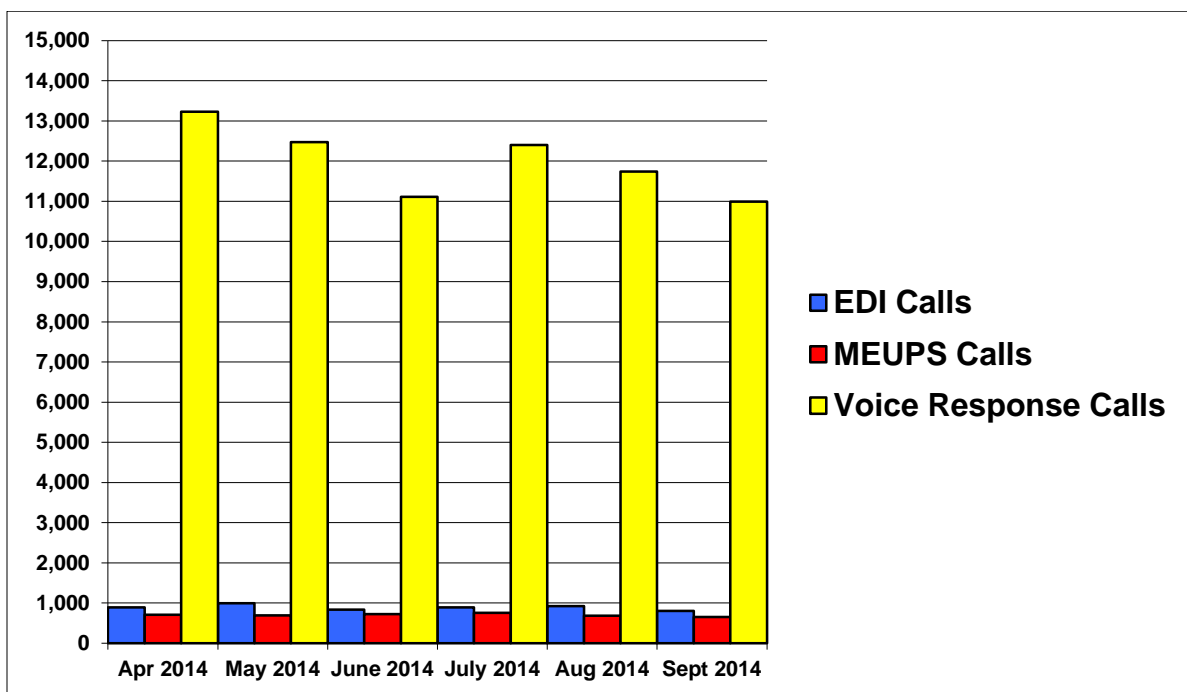
- Mechanics of Claims Processing (September 3) 2 attended
 - Julia Wang, Division of Program Quality & Outcomes
 - MaryDale Coleman, Division of Program Quality & Outcomes
- Member Subsystem (September 9) 2 attended
 - Kevin Wade, Division of Audits & Investigations
 - Jamie Sadler, Division of Audits & Investigations
- Provider Subsystem (September 11) 4 attended
 - Leeta Williams, Division of Policy & Operations – Pharmacy Policy Branch
 - Marydale Coleman, Division of Program Quality & Outcomes
 - Jamie Sadler, Division of Audits & Investigations
 - Paul Cales, Division of Audits & Investigations
- Prior Authorization Subsystem (September 17) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Reference Subsystem (September 18) 4 attended
 - MaryDale Coleman, Division of Program Quality & Outcomes
 - Jamie Sadler, Division of Audits & Investigations
 - Paul Cales, Division of Audits & Investigations
 - Sara Robeson, Department for Public Health Epidemiology and Health Planning
- Claim Edits, Audits and Rules (September 23) 1 attended
 - MaryDale Coleman, Division of Program Quality & Outcomes
- Claims Subsystem (September 25) 2 attended
 - Deborah Simpson, Division of Program Quality and Outcomes
 - Jamie Sadler, Department of Insurance
- Financial Subsystem (September 26) 2 attended
 - MaryDale Coleman, Division of Program Quality & Outcomes
 - Candace Crawford, Division of Program Quality & Outcomes
- OnBase Application (September 30) 1 attended
 - Candace Crawford, Division of Program Quality & Outcomes
- DMS In Depth Member Class (September 15) 5 attended
 - Kimberly Bickers, Division of Provider & Member Services
 - Wayne Dominick, Division of Program Quality & Outcomes
 - Sara Robeson, Division of Epidemiology and Health Planning
 - Tracy Jewell, Division of Maternal & Child Health
 - Julia Wang, Division of Program Quality & Outcomes

Staff members' supervisors are sent a confirmation via email of attendance

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
EDI Calls	894	997	834	894	923	800
MEUPS Calls	707	692	722	752	687	652
Voice Response Calls	13,227	12,471	11,112	12,401	11,743	10,991



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
April	894	20	:19	3:08	98%
May	997	34	:28	3:05	97%
June	834	13	:19	3:05	98%
July	894	19	:17	3:06	98%
August	923	27	:17	2:56	97%
September	800	8	:14	3:05	99%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
April	707	23	:24	2:21	97%
May	692	31	:32	2:15	96%
June	722	26	:26	2:11	96%
July	752	25	:18	2:15	97%
August	687	11	:14	2:08	98%
September	652	12	:15	2:16	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
April	13,227	359	:01	1:29	97%
May	12,471	423	:01	1:27	97%
June	11,112	347	:01	1:32	97%
July	12,401	167	:01	1:31	99%
August	11,743	432	:01	1:32	96%
September	10,991	557	:01	1:32	95%

*Formula for % Service Level: Number of incoming calls minus abandoned calls divided by total number of incoming calls = % Service Level.

EDI Top 5 calls:

1. Request to repost 835s
2. Verify electronic file transmission
3. Request to repost 999s
4. Confirm setup of MAP 380s/246s
5. Questions about 837 file structure

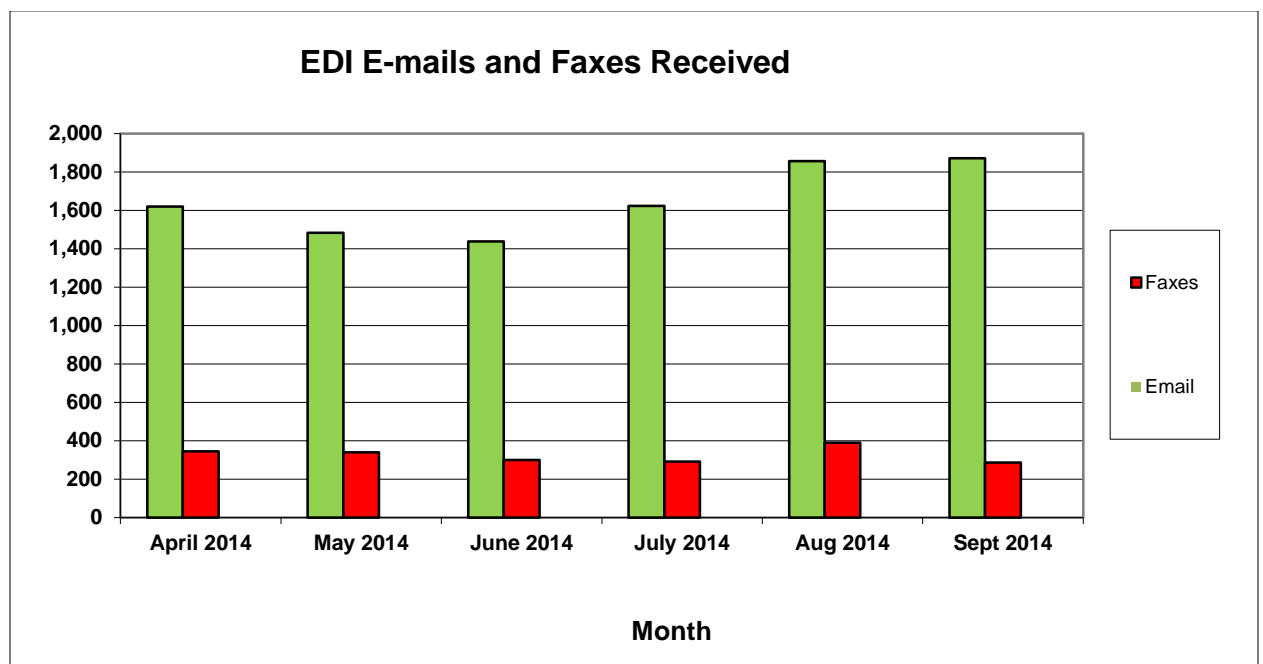
MEUPS Top 5 calls:

1. Password resets (*see table below*)
2. Request to change Administrator of account
3. PIN release request to set up new account
4. Medicaid contract has end-dated, resulting in no access to KyHealth Net
5. How to navigate member eligibility

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
Password Resets Received Via phone	422	446	484	580	463	439

11.2 EDI E-mails and Faxes Received

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
E-mails Received	1,620	1,483	1,438	1,623	1,857	1,872
E-mails Answered	1,617	1,483	1,436	1,623	1,857	1,867
Faxes Received	345	339	300	292	389	287
Faxes Answered	340	338	289	288	385	284



EDI Top 5 E-mail Requests:

1. Password resets (*see table below*)
2. Status of MAP 380
3. Status of 835
4. Research
5. Verify electronic file transmission

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
Password Resets Received Via e-mail	392	290	389	387	409	383

EDI Top 5 Fax Requests:

1. PIN release forms* (*see table below*)
2. Change of Administrator forms* (*see table below*)
3. MAP 380s and 246s
4. 835s
5. Trading Partner Agreements

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
PINs Received via fax	315	1007***	231	101	132	127
Admins Received via fax	207	317	234	183	220	127

*All PIN release and Change of Administrator responses are outbound via e-mail only.

***There was one fax received from University of Cincinnati Health that included 984 PIN requests, also in response to the EADO letter.